

PROGRAM EVALUATION FORM



DEPARTMENT OF COMMUNITY SERVICES
 100 John West Way, Box 1000
 Aurora, ON
 L4G 6J1
 Phone: 905-726-4761
www.aurora.ca

Fax: 905-726-2831
 Email: jalexander@aurora.ca

Your feedback is essential to ensure program quality and service variety. Please take the time to fill out this program evaluation. Your input allows us to better meet your needs.

Date: _____

Program: _____ Level/Age: _____

Instructor: _____ Location: _____

Year: _____ Day of Week: _____ Time: _____

Season: Winter Spring Summer Fall

Program Instructor	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A
Was the instructor knowledgeable and professional?					
Was the instructor friendly and enthusiastic?					
Did the program start on time?					
Was the time well spent in class?					
Did the instructor meet your expectations?					
Did the instructor create a welcoming, fun, inclusive and safe environment for all?					
Overall rating of the instructor?					
Comments:					

Program	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A
Was the number of participants suitable for the class?					
Was the length of the program suitable?					
Was the scheduled time for the program suitable?					
Was the content of the program suitable? (Age appropriate)					
Did the program provide a variety of learning opportunities?					
Were there levels of skill progression?					
Was the program good value for the fee?					
Overall rating of the program?					
Comments:					

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Communication & Registration	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A
Was the registration process clear and easy to complete?					
Were instructors clear in communicating program expectations?					
Did you have all of the information you needed to participate?					
Were you notified of any time/location changes or date cancellations in a timely manner?					
Overall rating of communication and registration?					
Comments:					

Facility	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A
Was the facility clean and free from hazards?					
Was the facility suitable for the program offered?					
Was the facility appropriate for the age and number of participants?					
If you have a special need, was the facility accessible?					
Overall rating of the facility?					
Comments:					

- Have you participated in this program before? Yes No
 Would you register for this program again? Yes No
 Did this program meet your expectations? Yes No

If "No", please specify why: _____

- How did you find out about this program?
- | | | |
|---|---|---|
| <input type="checkbox"/> Community Services Program Guide | <input type="checkbox"/> Neighbour or Friend | <input type="checkbox"/> Electronic Signs |
| <input type="checkbox"/> Town of Aurora Website | <input type="checkbox"/> Previous Participant | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Another Recreation Program | <input type="checkbox"/> Notice/Bulletin Boards | <input type="checkbox"/> Other: _____ |

Thank you for taking the time to complete this form.

- Please return your completed form in one of the following ways:
- To the program staff administering the evaluation • Fax: 905-726-2831 • Email: jalexander@aurora.ca
 - Seal in an envelope and drop off at either the Stronach Aurora Recreation Complex or Aurora Family Leisure Complex (Attention: Jodi Alexander)